



February 6, 2001

HOUSE BILL No. 1430

DIGEST OF HB 1430 (Updated February 1, 2001 10:45 AM - DI 94)

Citations Affected: IC 36-8.

Synopsis: Insurance benefits for EMT personnel. Requires a county, municipality, or township that uses an ambulance service department or association to purchase a policy of insurance to cover each volunteer emergency medical technician (EMT) who is a member of the department or association.

Effective: January 1, 2002.

Young D, Stevenson, Adams T

January 11, 2001, read first time and referred to Committee on Local Government.
February 5, 2001, reported — Do Pass.

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HB 1430—LS 6462/DI 87+



February 6, 2001

First Regular Session 112th General Assembly (2001)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2000 General Assembly.

HOUSE BILL No. 1430

A BILL FOR AN ACT to amend the Indiana Code concerning local government.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 36-8-14.5 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
3 JANUARY 1, 2002]:

4 **Chapter 14.5. Volunteer Emergency Medical Technicians**

5 **Sec. 1. This chapter applies to all units.**

6 **Sec. 2. As used in this chapter, "nominal compensation" means**
7 **annual compensation of not more than three thousand five**
8 **hundred dollars (\$3,500).**

9 **Sec. 3. As used in this chapter, "provider" means a volunteer**
10 **ambulance company that has as a member an emergency medical**
11 **technician or other person working in a volunteer capacity.**

12 **Sec. 4. "Volunteer ambulance company" means a department**
13 **or association:**

14 **(1) that is:**

15 **(A) organized as a nonprofit corporation or**
16 **unincorporated association; or**

17 **(B) created by a governmental unit;**

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for the purpose of providing emergency medical services,
including transportation of ill or injured persons; and
(2) in which the majority of members of the department or
association:

(A) do not receive compensation; or

(B) receive only minimal compensation for their services.

Sec. 5. As used in this chapter, "member" means a person:

(1) who, as a result of a written application, has been elected
or appointed to membership with a provider;

(2) who performs, without compensation or with only nominal
compensation, the work related duties assigned and orders
given to the person by the chief executive officer of the
provider, including orders or duties involving education and
training as prescribed by the provider or the state; and

(3) whose name has been entered on a roster of volunteer
emergency medical technicians that is kept by the provider
and that has been approved by the proper officers of the
provider.

Sec. 6. (a) Each unit that has a provider shall procure insurance
in the name of and for the benefit of each member. However, if a
contract or agreement exists between a unit and a provider, the
contract or agreement must provide for insurance of the provider's
members in the amounts and with the coverages required by this
chapter.

(b) Unless the contract or agreement stipulates otherwise, all
insurance coverage must be under a group plan, rather than in the
name of each individual member. Either the unit or the provider,
according to the contractor agreement, may undertake
procurement of required insurance. In either case, however, the
costs of coverage must be borne by the unit. If a provider serves
more than one (1) unit under a contract or agreement, each unit
that the provider serves shall pay the amount for the insurance
coverage determined under the following formula:

STEP ONE: For each census block or other area in a unit that
is served by more than one (1) provider, divide the population
of the area by the number of providers serving the area and
round the quotient to the nearest one thousandth (0.001).

STEP TWO: Add the quotients determined under STEP ONE
for the unit.

STEP THREE: Determine the sum of the STEP TWO
amounts for all of the units served by the same provider.

STEP FOUR: Divide the STEP TWO amount for a unit by the



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1 STEP THREE amount and round the quotient to the nearest
2 one thousandth (0.001).

3 STEP FIVE: Multiply the costs of the insurance coverage for
4 the provider by the quotient determined under STEP FOUR,
5 rounded to the nearest dollar.

6 (c) A diminution of insurance benefits may not occur under this
7 section because of a change in the insurance carrier or a change as
8 to who actually procures the required insurance.

9 (d) Each unit that has a provider may procure an insurance
10 policy for the benefit of auxiliary groups whose members could be
11 injured while assisting the members in the performance of their
12 duties.

13 Sec. 7. (a) Each unit that has a provider may procure an
14 insurance policy or any other type of instrument that provides
15 retirement benefits as an incentive to members for continued
16 service.

17 (b) An insurance policy or other instrument containing any of
18 the provisions authorized by subsection (a) may not be considered
19 in the computation of nominal compensation for purposes of this
20 chapter.

21 (c) A member who becomes covered by an insurance policy or
22 other instrument containing any of the provisions authorized by
23 subsection (a) does not thereby become eligible for membership in
24 the public employees' retirement fund under IC 5-10.3.

25 Sec. 8. If a unit fails to provide the insurance for a member that
26 this chapter requires and a member suffers a loss of the type that
27 the insurance would have covered, the unit shall pay to that
28 member the same amount of money that the insurance would have
29 paid to the member.

30 Sec. 9. Each policy of insurance must provide for payment to a
31 member working for a provider for accidental injury caused by or
32 occurring in the course of the performance of the duties of a
33 member as follows:

34 (1) For total disability that prevents the member from
35 pursuing the member's usual vocation, the policy shall
36 provide a weekly indemnity of at least two hundred fifty
37 dollars (\$250), up to a maximum of two hundred sixty (260)
38 weeks.

39 (2) For medical expenses, coverage for incurred expenses.
40 However, the policy may not have medical expense limits of
41 less than seventy-five thousand dollars (\$75,000).

42 Sec. 10. (a) The policy of insurance required by section 6 of this

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chapter must provide for the payment of at least one hundred fifty thousand dollars (\$150,000) to the beneficiary, beneficiaries, or estate of a member if the member dies from an injury while in the performance of the member's duties as a volunteer emergency medical technician or from a cardiac disease event proximately caused within forty-eight (48) hours by or occurring while in the performance of the member's duties as a volunteer emergency medical services technician.

(b) The policy of insurance must provide for the payment of at least one hundred fifty thousand dollars (\$150,000) to the member if the member becomes totally and permanently disabled for a continuous period of at least two hundred sixty (260) weeks as a result of an injury occurring in the performance of the member's duties as a volunteer emergency services medical technician. An amount paid to a member under section 9(1) of this chapter is a credit against any benefits payable under this subsection.

(c) The policy of insurance must also provide for indemnification to a provider of a member who becomes partially and permanently disabled or impaired as a result of an injury occurring in the performance of the member's duties.

(d) For purposes of this section, partial and permanent disability or impairment shall be indemnified as a percentage factor of a whole person.

Sec. 11. All expenses incurred for premiums of the insurance required by this chapter shall be paid out of the general fund of the unit in the same manner as other expenses in the unit are paid.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Local Government, to which was referred House Bill 1430, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

STEVENSON, Chair

Committee Vote: yeas 9, nays 1.

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